

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH11820  
State File No. ....

FILED APR 10

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3436**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ladue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>8 Warson Hills Lane</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie</b> b. (Middle) <b>NMN</b> c. (Last) <b>Kiser</b>		4. DATE OF DEATH (Month) <b>3</b> (Day) <b>31</b> (Year) <b>53</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 18 1878</b>
9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>4</b> YEARS <b>53</b> HOURS <b>53</b> MIN. <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Oslo, Norway</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Olaf Gaarder</b>		13b. MOTHER'S MAIDEN NAME <b>Andrina Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Madison Kiser</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Robert A. Willier</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon with metastases</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ADDRESS <b>9 Warson Hills Lane</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>	
22. I hereby certify that I attended the deceased from <b>Mar 15</b> , 19 <b>53</b> , to <b>Mar 31</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Mar 31</b> , 19 <b>53</b> , and that death occurred at <b>7:55A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>FR. Bradley</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>3/31/53</b>		24a. LOCATION (City, town, or county) (State) <b>Rapid City, South Dakota</b>	
24b. DATE <b>4-1-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>W.A. Stock Mortuary, 889 South Brentwood</b>	
24d. DATE REC'D BY LOCAL REG. <b>MAR 31 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith</b>	
25. ADDRESS <b>W.A. Stock Mortuary, 889 South Brentwood</b>		26. (Advanced Embalmers' Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.